

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 23 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

11165

Do not use this space.

1. PLACE OF DEATH

(a) County Iron Registration District No. 391
 (b) Township Arcadia Primary Registration District No. 4230
 (c) City Ironton (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME David Robert Kendal

(a) Residence, No. Ironton Mo. St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Kocher Kendal
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1861
 7. AGE YEARS 78 MONTHS 4 DAYS 4 IF LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Ironton Mo. (STATE OR COUNTRY)

13. NAME Charles Kendal

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Weiss

16. BIRTHPLACE (CITY OR TOWN) Berlin Germany (STATE OR COUNTRY)

17. INFORMANT Walter Kendal (ADDRESS) Ironton Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Ironton Mo. DATE March 23, 1940

19. FUNERAL DIRECTOR (NAME) Norman White & Sons (ADDRESS) Ironton Mo.

20. FILED apr - 4, 1940 Julia A. Burton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21st, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 20th, 1940, to March 21st, 1940.
 I last saw him alive on March 21st, 1940. Death is said to have occurred on the date stated above, at 9:30 m.
 The principal cause of death and related causes of importance were as follows:

Coronary Heart Disease

Date of onset 3/21/40

Other contributory causes of importance: Chronic myocarditis?

Name of operation none Date of _____
 What test confirmed diagnosis? physical exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) R. E. Garland M. D.
 (Address) Ironton, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ _____,
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed

Norman R. White

Licensed Embalmer No. *1184*

P. O. Address *Dorchester, Mass.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.